Docket No.: 124136

ICATION FOR UNITED STATES PATENT LARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that
I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LIQUID MIXTURE, STRUCTURE, AND METHOD OF FORMING STRUCTURE

described and eleime	4:-4							
described and claimed Check one	u in the specific	ation:						
*a.	attached hereto	,						
_		ember 24, 2003	as Annlicatio	on Serial No. PC	T/JP2003/016547_ and			
	nded on			<i></i> 501141 110. <u>110</u>	1731 2003/010347_ allu			
(if a	pplicable)							
claims, as amended by	v any amendme	reviewed and und ent referred to above	derstand the con	tents of the above	e-identified application, including the			
I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.								
Under Titl provisional applicatio	le 35 U.S. Code on(s) filed within	e § 119, the priori n one year prior to	ty benefits of th	e following foreig are hereby claimed	gn application(s) and/or United States d:			
Japanese Pa	tent Applicat	ion No. 2002-37	4110, filed on	December 25.	2002			
Japanese Pa	tent Applicat	ion No. 2003-1	54114, filed	on May 30, 200	3			
The follow	ving application	n(s) for patent or in	ventor's certific	ate on this inventi	ion ware filed in countries foreign to			
The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):								
3	. 3 FF	(0) 01 0111	outes provis	tonal application(s	5).			
I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute								
this application and to	transact all but	siness in the Patent	and Trademark	Office:	ostitution and revocation to prosecute			
•	James A.	Oliff, Reg. No. 27,	075; William P.	Berridge, Reg. No	o. 30,024;			
	Kirk M. H Edward P.	ludson, Reg. No. 2 Walker, Reg. No.	7,562; Thomas J 31 450: Robert	. Pardini, Reg. No	0. 30,411; 0. 32,771;			
Ma	Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; and Caroline D. Dennison, Reg. No.34,494.							
ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.								
further that these state	ements were manners or both.	ue and that all sta ade with the knowl ander Section 100	tements made o ledge that willfu l of Title 18 o	n information and Il false statements f the United State	daration, and that all statements made d belief are believed to be true; and and the like so made are punishable es Code and that such willful false			
T								
Typewritten Full Nam of Sole or First inventor	e or:	Chikara			MANABE			
		Given Name	Middl	e Initial	; Family Name			
**Inventor's Signature	e:	Chikara			Manake.			
**Date of Signature:				7	2008			
		Mor		Day	Year			
Residence:	Nakai-mach	li	Kanagawa		Japan			
Citizenship:	City	Japan	State of Prov	/ince	Country			
Post Office Address: (Insert complete mailing		c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi,						
address, including country)		Ashigarakami-gun, Kanagawa, Japan						
*This form may be exe	ecuted only who	en attached to the s	pecification (inc	luding claims) at t	the end thereof if Box a. is checked.			
**Note to Inventor:	Please sign nam	ne exactly as it appe	ears above and in	nsert the actual da	te of signing			

If there is more than one inventor use page 2 and place an " \times " here \boxtimes

PAGE 2 OF U.S.A. DECLARATION FORM

Typewritten Full Nam	e	V			,		
of Second Joint invent	or:	Kentaro			KISHI		
**Inventor's Signature	a.	Given Name	Middle	Initial	Family Name		
**Date of Signature:	·.	Kontaro			Rish		
Date of Signature:		Month			2008		
Residence:	Nakai-mad		Kanagawa	Day	Year		
	City		State of Provi	nce	Japan Country		
Citizenship:	-	Japan			Country		
Post Office Address: (Insert Complete mailing address, including country)		c/o Fuji Xerox Co	., Ltd., 430,	Sakai, Nakai-machi			
		Ashigarakami-gur	i, Kanagawa	Japan			
Typewritten Full Name of Third Joint inventor	е	T ' 1 '					
of Third Joint Inventor	:	Taishi		·	SHIGEMATSU		
**Inventor's Signature	·•	Given Name	Middle	Initial	Family Name		
**Date of Signature:	·•	Jaishi:			Shijemutsu		
Date of Signature.		Month		Davi	2008		
Residence:	Nakai-mac		Kanagawa	Day	Year Japan		
	City		State of Provi	nce	Country		
Citizenship:		Japan			Country		
Post Office Address:		c/o Fuji Xerox Co	., Ltd., 430,	Sakai, Nakai-machi	_		
(Insert Complete mailing address, including country)		Ashigarakami-gun	, Kanagawa,	Japan			
Typewritten Full Name of Fourth Joint invento **Inventor's Signature	r:	Hisae Given Name	Middle	Initial	YOSHIZAWA Family Name		
**Date of Signature:		- ////		27	2007		
<i>G</i>		Month		Day	2007 Year		
Residence:	Nakai-mac	hi	Kanagawa	24,	Japan		
	City		State of Provir	nce	Country		
Citizenship:		Japan			•		
Post Office Address: (Insert Complete mailing		c/o Fuji Xerox Co.	<u>, Ltd., 430, S</u>	Sakai, Nakai-machi,			
address, including country)		Ashigarakami-gun, Kanagawa, Japan					
Typewritten Full Name of Fifth Joint inventor:		Miho Given Name	Middle I	nitial	WATANABE		
**Inventor's Signature:		_miho	ivildale i	iiiciai	Family Name Watarafie		
**Date of Signature:		1		7	2008		
		Month		Day	Year		
-	Nakai-mach		Kanagawa	•	Japan		
	City	T	State of Provin	ce	Country		
Citizenship:		Japan					
Post Office Address:		c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi,					
address, including country)		Ashigarakami-gun, Kanagawa, Japan					

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

PAGE 3 OF U.S.A. DECLARATION FORM

Typewritten Full Name								
of Sixth Joint inventor	:	Kei			SHIMOTANI			
		Given Name	Midd	lle Initial	Family Name			
**Inventor's Signature	: :	- Kei			Shimotan!			
**Date of Signature:				7	2008			
David	Nakai-maci	Mont		Day	Year			
Residence:	City	<u> </u>	Kanagaw		Japan			
Citizenship:	City	Japan	State of Pro	ovince	Country			
Post Office Address:		c/o Fuji Xerox C	o., Ltd., 430), Sakai, Naka	i-machi			
(Insert Complete mailing address, including country)		Ashigarakami-gu						
Typewritten Full Name of Seventh Joint inventor:		Hiroyuki			WATANABE			
***		Given Name	Midd	le Initial	Family Name			
**Inventor's Signature	:	- Shropher			Watanales			
**Date of Signature:				7	2008			
0. 11	NI-1 1	. Mont	-	Day	Year			
Residence:	Nakai-mach	<u>) </u>	Kanagawa		Japan			
Citizenship:	City	Japan	State of Pro	vince	Country			
Post Office Address:		c/o Fuji Xerox C	o I td 430	Sakai Naka	i maaki			
(Insert Complete mailing address, including country)		Ashigarakami-gu			i-macm,			
address, melading country)		713mgarakami-gu	ii, Kanagaw	а, зарап				
Typewritten Full Name								
of Eighth Joint inventor:		Masaaki			SHIMIZU			
		Given Name	Midd	le Initial	Family Name			
**Inventor's Signature	:	/ magary	\mathcal{W}_{-}		Stown 3			
**Date of Signature:				7	2008			
		Month		Day	Year //			
Residence:	Nakai-mach	11	Kanagawa		Japan 0			
	City	I.m.a	State of Pro	vince	Country			
Citizenship:		Japan			<u> </u>			
Post Office Address: (Insert Complete mailing		c/o Fuji Xerox Co	o., Ltd., 430	, Sakai, Naka	i-machi,			
address, including country)	,	Ashigarakami-gun, Kanagawa, Japan						
Typewritten Full Name of Ninth Joint inventor:								
**Inventor's Signature:		Given Name	Middl	e Initial	Family Name			
**Date of Signature:	•							
-	•	Month	1	Day	Year			
Residence:				•				
	City		State of Prov	vince	Country			
Citizenship:								
Post Office Address: (Insert Complete mailing address, including country)	-							

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.